

CITY OF ALBUQUERQUE  
PARKS AND RECREATION DEPARTMENT  
GROUP USE REQUEST FORM

CENTER NAME: \_\_\_\_\_

CENTER ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

POOL DESIRED: \_\_\_\_\_

ALTERNATE POOL DESIRED: \_\_\_\_\_

DAY DESIRED: Monday    Tuesday    Wednesday    Thursday    Friday  
                    Circle one

ALTERNATE DAY DESIRED: Monday Tuesday Wednesday Thursday Friday  
                                    Circle one

TIME DESIRED:                      12:30-2:00PM                      2:00-3:30PM  
                                    Circle one

ALTERNATE TIME DESIRED            12:30-2:00PM            2:00-3:30PM  
  Circle one

NUMBER ATTENDING: (Not to exceed 30) \_\_\_\_\_

NUMBER OF GROUP LEADERS ATTENDING \_\_\_\_\_

BEGINNING DATE OF VISITS: \_\_\_\_\_

ENDING DATES OF VISITS: \_\_\_\_\_